

**CITY OF STOCKTON
MEDICAL TREATMENT AUTHORIZATION FORM**

Injured Employee _____ Birth Date _____ Soc. Sec. # _____

Employee _____ CA _____ Phone #(209) _____
Address _____ Street Address _____ City _____ State _____ Zip _____

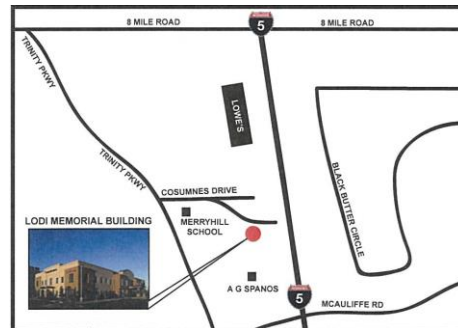
Date of Injury _____ Time of Injury _____ ☐ am ☐ pm Department _____

Our employee reports and injury to (body part) _____

While performing (describe how injury occurred) _____

Check the facility the employee has selected for treatment

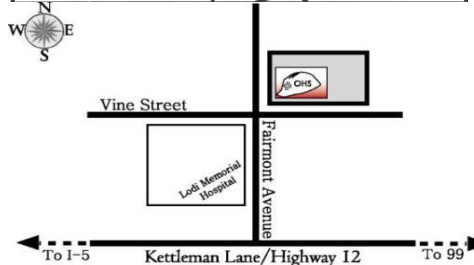
- ☐ **Trinity Urgent Care**
10200 Trinity Parkway, Suite 204
Stockton, CA 95219
Monday through Friday 7:00 AM to 9:00 PM
Saturday and Sunday 9:00 AM to 9:00 PM
(209) 233-3004



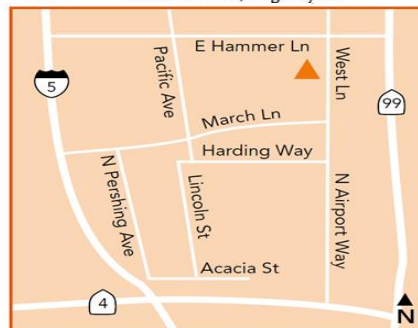
**INJURIES REQUIRING
HOSPITAL EMERGENCY MEDICAL OR
AFTER HOURS TREATMENT ONLY:**

Dameron Hospital Emergency Room
525 West Acacia Street
Stockton, CA 95203
(209) 944-5550

- ☐ **Lodi Occupational Health Services**
840 S. Fairmont Avenue, Suite 9
Lodi, CA 95240
Monday through Friday
8:00 AM to 5:00 PM
(209) 333-1751



- ☐ **Kaiser On-The-Job**
7373 West Lane, 1st Floor
Stockton, CA 95210
Monday through Friday
8:00 AM to 6:00 PM
(209) 476-3694



Supervisor's Name _____

Supervisor's Signature _____

Date _____

Medical Provider: Please examine and provide treatment which may be required as a result of this injury.

Fax your Doctor's First Report of Work Injury to: (866) 430- 4203
CorVel Corporation
P.O. Box 2288
Stockton, CA. 95201, Phone (866) 849- 4344

E-Mail Medical Status Report to:
City of Stockton Risk Services
Attn: Jennelle Baker
e-mail: jennelle.baker@stocktongov.com
Phone: (209) 937-8618